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ABSTRACT

Prescription drugs, a category of psychotherapeutics that comprises prescription-type pain relievers, tranquilizers, stimulants, and sedatives, are among the substances most commonly abused by young people in the United States. Prescription drugs are readily available and can easily be obtained by teenagers who abuse these drugs to experience a variety of desired effects. Often these young people are unaware of the serious health risks involved in abusing prescription drugs. Increasingly younger adolescents obtain prescription drugs from classmates, friends, and family members, or they steal the drugs from school medicine dispensaries and from people for whom the drug had been legitimately prescribed. This brief provides data on prescription drug abuse by young people, information on the most commonly abused prescription drugs, and prevention and treatment options. (GCP)

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Prescription Drug Abuse and Youth

Information Brief
August 2002

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INFORMATION BRIEF

AUGUST 2002

U.S. DEPARTMENT OF JUSTICE

Prescription Drug Abuse and Youth

Overview

Prescription drugs, a category of psychotherapeutics that comprises prescription-type pain relievers, tranquilizers, stimulants, and sedatives, are among the substances most commonly abused by young people in the United States. Prescription drugs are readily available and can easily be obtained by teenagers who abuse these drugs to experience a variety of desired effects. Often these young people are unaware of the serious health risks involved in abusing prescription drugs. Increasingly younger adolescents obtain prescription drugs from classmates, friends, and family members, or they steal the drugs from school medicine dispensaries and from people for whom the drug had been legitimately prescribed.

Prescription Drug Abuse Among Young People

In the United States young people frequently abuse prescription drugs; the only illicit drug that is abused more frequently is marijuana. According to the 2000 National Household Survey on Drug Abuse (NHSDA), 10.9 percent of 12- to 17-year-olds reported nonmedical use of any psychotherapeutic at least once during their lifetime compared with 18.3 percent who reported having abused marijuana. (See Table 2 on page 2.) These figures changed little from the previous year when 10.9 percent reported abusing a psychotherapeutic and 18.7 percent reported abusing marijuana. (The abuse of psychotherapeutics as reported by NHSDA denotes the nonmedical use of psychotherapeutics, a category that comprises prescription-type pain relievers, tranquilizers, stimulants, and sedatives.)

Prescription drugs, which are widely available and easy to obtain, provide young people with an easily accessible, inexpensive means of altering their mental and physical state. Abusers may experience a heightened sense of pleasure, euphoria, drowsiness, increased energy, or various other effects depending upon the drugs they abuse. Young people who abuse prescription drugs put themselves at risk of experiencing dangerous side effects. Prescription drugs—when taken as prescribed by a physician—successfully treat a variety of mental or physical conditions. However, when abused, these drugs can alter the brain's activity and lead to debilitating or life-threatening health problems and result in physical or psychological dependence.

Table 1. Prescription Drugs Frequently Abused by Young People

Drug Type	Common Brand Names	Prescribed For	Physiological Effects	Adverse Effects
Opioids/pain relievers	Dilaudid, Lorcet, Lortab, OxyContin, Percocet, Percodan, Tylox, Vicodin	Pain, cough, diarrhea	Affects brain region that mediates pleasure resulting in euphoria	Life-threatening respiratory depression
Depressants (benzodiazepines, tranquilizers, barbiturates, sedatives)	Valium, Xanax	Anxiety, sleep disorders	Slows down brain activity resulting in a drowsy or calming effect	Seizures, respiratory depression, decreased heart rate
Stimulants	Adderall, Concerta, Ritalin	Narcolepsy, attention deficit/hyperactivity disorder, obesity	Enhances brain activity resulting in an increase in alertness, attention, and energy	High body temperature, irregular heart rate, cardiovascular system failure, fatal seizures, hostility or feelings of paranoia

Source: National Institute on Drug Abuse.

Commonly Abused Prescription Drugs

The prescription drugs that are most commonly abused by young people fall into three categories: opioids/pain relievers, depressants, and stimulants.

Opioids/Pain Relievers. The abuse of opioids/pain relievers by young people is a particular concern. According to the 2000 NHSDA, 8.4 percent of 12- to 17-year-olds reported having abused pain relievers at least once in their lifetime. NHSDA data also indicate that 12- to 17-year-olds represented approximately one-half of the 1.4 million individuals who abused opioids/pain relievers for the first time in 1999. The number of new abusers aged 12 to 17 who reported nonmedical use of opioids/pain relievers increased nearly tenfold, from 78,000 in 1985 to 722,000 in 1999. Data from the Monitoring the Future (MTF) Study indicate that in 2001, 9.9 percent of twelfth graders surveyed in the United States reported having abused other narcotics—a category that includes opioids and pain relievers and excludes heroin—at least once in their lifetime.

OxyContin is a brand name for oxycodone, a Schedule II drug. Oxycodone also is sold under the trade names Percocet, Percodan, and Tylox. It is an opium-based pain reliever that is prescribed for relief of moderate to severe pain. Law enforcement reporting indicates that OxyContin, which has heroin-like effects that last up to 12 hours, is the fastest growing

Table 2. Nonmedical Use of Psychotherapeutics Among 12- to 17-Year-Olds, 1999–2000

	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Psychotherapeutic*	10.9	10.9	7.1	7.1	2.9	3.0
Pain Relievers	8.2	8.4	5.5	5.4	2.1	2.3
Tranquilizers	2.5	2.5	1.6	1.6	0.5	0.5
Sedatives	0.8	0.8	0.5	0.5	0.2	0.2
Stimulants**	3.9	4.0	2.1	2.4	0.7	0.8

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, NHSDA.

*Denotes the nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

**Includes methamphetamine.

Table 3. Lifetime Abuse of Other Narcotics, Tranquilizers, and Barbiturates Among Twelfth Graders, 1997–2001

	1997	1998	1999	2000	2001
Other Narcotics*	9.7	9.8	10.2	10.6	9.9
Tranquilizers	7.8	8.5	9.3	8.9	9.2
Barbiturates	8.1	8.7	8.9	9.2	8.7

Source: U.S. Department of Health and Human Services, National Institutes of Health, MTF.

*Excludes heroin.

threat among oxycodone products.

According to the Office of National Drug Control Policy (ONDCP), in 2001 law enforcement agencies and drug treatment providers in Boston, Detroit, Miami, and St. Louis as well as in Portland, Maine, and Billings, Montana, reported that many 13- to 17-year-olds became first-time OxyContin users, without previously having used heroin or other prescription opioids.

Georgia Teenager Indicted

In December 2001 a 17-year-old Georgia resident was indicted on manslaughter and reckless conduct charges for supplying OxyContin to a 15-year-old who died from an overdose of the drug.

Source: *Associated Press*, 5 December 2001.

Data provided by the Treatment Episode Data Set (TEDS) indicate that admissions to publicly funded facilities involving 12- to 17-year-olds seeking treatment for abuse of other opiates/synthetics—a category that excludes heroin and nonprescription methadone—increased from 115 in 1995 to 191 in 1999.

Table 4. Treatment Admissions to Publicly Funded Facilities 12- to 17-Year-Olds, 1995–1999

	1995	1996	1997	1998	1999
Other Opiates/Synthetics*	115	140	140	147	191
Tranquilizers	97	93	133	140	211
Sedatives/Hypnotics	95	97	118	114	113
Other Stimulants**	182	266	174	183	135

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, TEDS.

*Excludes heroin and nonprescription methadone.

**Excludes methamphetamine and other amphetamines.

Depressants. According to 2000 NHSDA data, 2.5 percent of 12- to 17-year-olds reported abusing tranquilizers at least once in their lifetime. The data also indicate that 0.8 percent of young people in this age group abused sedatives at least once in their lifetime. (See Table 2 on page 2.) MTF data indicate that in 2001, 9.2 percent of twelfth graders reported having abused tranquilizers at least once in their lifetime, and 8.7 percent reported having abused barbiturates at least once in their lifetime. (See Table 3 on page 2.)

Substance abuse treatment data indicate that abuse of tranquilizers by adolescents is an increasing concern. Data provided by TEDS indicate that admissions to publicly funded treatment facilities involving 12- to 17-year-olds seeking treatment for tranquilizer abuse increased from 97 in 1995 to 211 in 1999. Among the same age group, admissions for sedative/hypnotic abuse increased from 95 in 1995 to 118 in 1997, then decreased slightly to 113 in 1999.

Students Abuse Xanax

Middle school students in Philadelphia, Pennsylvania, were treated at local hospitals in January 2002 after ingesting Xanax, a benzodiazepine. Twenty-eight students at a Philadelphia middle school ingested the drug after a 13-year-old stole a bottle of 100 Xanax tablets from a relative and distributed the tablets during school hours.

Source: Philadelphia Police Department.

Stimulants. Data from NHSDA indicate that the percentage of 12- to 17-year-olds who reported having abused stimulants at least once in their lifetime in 1999 (3.9%) was comparable to the percentage in 2000 (4.0%). (See Table 2 on page 2.) In 1999 approximately 50 percent of the 646,000 new stimulant abusers were aged 12 to 17, according to NHSDA. TEDS data indicate that the number of admissions to publicly funded treatment facilities that involved 12- to 17-year-olds seeking treatment for stimulant abuse fluctuated from 182 in 1995 to 135 in 1999.

Ritalin (methylphenidate) is one of the stimulants most commonly abused by young people. It is an amphetamine-like central nervous system stimulant with properties that are similar to cocaine. Individuals abuse Ritalin to increase alertness, lose weight, and experience the euphoric effects resulting from high doses. Under the Controlled Substances Act, Ritalin is a Schedule II drug. It is produced commercially in 5-, 10-, and 20-milligram tablets. The drug usually is ingested orally; however, when used nonmedically, it can be ground into a powder and snorted like cocaine or dissolved in water and injected like heroin.

The potential for diversion of the drug is high because two to four million children and one million adults nationwide are prescribed Ritalin legally. Ritalin is a stimulant and typically is prescribed for children diagnosed with attention deficit/hyperactivity disorder. According to the Drug Enforcement Administration (DEA), illicit prices for a 20-milligram tablet can range from $2 to $20 depending upon location.

Diversion

Young people rarely obtain prescription drugs using methods commonly associated with pharmaceutical diversion such as pharmacy theft, prescription fraud, or doctor shopping—visiting numerous doctors to obtain multiple prescriptions. Instead, adolescents typically obtain prescription drugs from peers, friends, or family members. Law enforcement officers report that in some cases, particularly with regard to the stimulant Ritalin, teenagers who have legitimate prescriptions sell or give away the drug. Young people also acquire prescription drugs by stealing them from relatives and other individuals with legitimate prescriptions or from school medicine dispensaries.

Illinois Students Distributing Prescription Drugs

In May 2002 authorities at a high school in Mahomet, Illinois, discovered that 16 students were distributing Ritalin, OxyContin, and hydrocodone to other students. The school principal was alerted to the students' activities after he received a phone call from a parent who believed his son may have taken OxyContin from the parent's medicine cabinet to sell at school. According to the school superintendent, the students were selling their own medication or medication belonging to their parents or siblings.

Illinois school authorities plan to implement new programs to combat future prescription drug abuse by students, including education programs for students and parents. One proposed program would ensure that drug counselors are easily accessible so that students may discuss problems they or their friends are having. Authorities also plan to include the topic of drugs as a regular agenda item of school safety committees in order to discuss issues that emerge within the school and in surrounding school districts.

Source: *Associated Press*, 24 May 2002.

Outlook

Young people will continue to abuse prescription drugs, the age at which they begin to abuse these drugs will continue to decrease, and rates of abuse will likely increase. Data provided by NHSDA and MTF indicate that the percentage of adolescents who abuse certain prescription drugs is high and increasing. The number of treatment admissions, although relatively stable at low levels, also is likely to increase as more youth experiment with and become addicted to prescription drugs. Law enforcement agencies, healthcare providers, school officials, social workers, and parents will continually be challenged to develop innovative approaches to address this problem. Such approaches may include informing young people of the risks associated with prescription drug abuse via antidrug messages and educational programs.

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